

701 NW 1<sup>st</sup> Court, 16<sup>th</sup> Floor, Miami, FL 33136 Telephone: 786-469-4227 www.miamidade.gov\housing

Section3@miamidade.gov

### **SECTION 3 BUSINESS APPLICATION**

#### **Section 3 Guidelines**

Section 3 is a provision of the United States Department of Housing and Urban Development (HUD) Act of 1968 that helps foster local economic development, neighborhood economic improvement and individual self-sufficiency. Section 3 is to ensure that economic opportunities generated by certain HUD funded projects shall, to the greatest extent feasible, and consistent with existing Federal and State laws, be directed to low and very-low income persons (particularly those receiving housing assistance), and to the businesses that provided economic opportunities to these persons.

Below are Section 3 definitions and guidelines a Public Housing Community Development (PHCD) Section 3 (S-3) certified business needs to adhere to when seeking to recruit and fill new or vacant position (s). PHCD staff will use these guidelines to evaluate the S-3 business' training and employment recruitment and selection procedures.

# **Section 3 Definitions**

Section 3 Resident: An individual who lives in Miami-Dade County, and

- (a) Is a resident of public housing; or
- (b) Is a resident of another federally assisted housing program (Section 8, Section 202, etc.); or
- (c) Is a current recipient or participant in a public assistance program (Temporary Assistance to Needy Families, Job Training Partnership Act, etc.); **or**
- (d) Whose family household income meets the definition of a low or very-low income family (see Miami-Dade low and very- low income limits).

#### Section 3 Business:

- 1) That is 51 percent or more owned by Section 3 Residents; or
- 2) Whose permanent, full-time employees include at least 30 percent of Section 3 Residents, or that were Section 3 Residents within three years of the date of first employment with the Section 3 Business; **or**
- 3) That provides evidence of a commitment to subcontract in excess of 25 percent of the dollar award to be awarded to Section 3 Businesses (sub-contractors) that meet the qualifications set forth in items (1) or (2) above.

**New Hires:** Full-time employees for permanent, temporary or seasonal employment opportunities and include, but are not necessarily limited to, all management, maintenance, clerical and administrative jobs arising in connection with the development(s) stipulated in the contract award.

<u>Section 3 Income Limits</u>: The information on Miami-Dade County's income limits for Low and Very-Low income families are provided with this application, as they are annually updated by HUD. The income limits are also found in PHCD's website at: <a href="http://www.miamidade.gov/housing/income-limits.asp">http://www.miamidade.gov/housing/income-limits.asp</a>.

PREFERENCE FOR SECTION 3 BUSINESSES IN CONTRACTING OPPORTUNITIES (24 CFR 135.36)

PK	EFERENCE FOR SECTION 3 BUSINESSES IN CONTRACTING OPPORTUNITIES (24 CFR 135.36)
Category 1	Section 3 Business that is 51 percent or more owned by residents of the housing development or developments for which the Section 3 covered assistance is expended, or whose full time, permanent workforce includes 30% of these persons as employees.
Category 2	Section 3 Business that is 51 percent or more owned by residents of other housing developments or programs managed by PHCD that is expending the Section 3 covered assistance, or whose full-time permanent workforce includes 30% of these persons as employees.
Category 3	Section 3 Business whose employees are participants in HUD Youthbuild programs currently operating in Miami-Dade County. For more information, contact YWCA of Greater Miami, Inc. at 305-377-9922, or Fax 305-373-9922;
Category 4	Section 3 Business that are: 1) 51 percent or more owned by Section 3 residents (regardless if they reside in housing developments or programs managed by PHCD); <b>or</b> 2) whose full-time permanent workforce includes no less 30% of Section 3 Residents; <b>or</b> 3) that subcontract in excess of 25 percent or the total amount awarded to Section 3 Business defined in Categories 1 and 2 only.

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



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Section 3 certification is optional and not required to do business with PHCD. Name of business: **Business Address:** Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email address: Contact Person: Title: Ethnicity: Gender: (Optional: For statistical purposes only) Federal Employer Identification Number: Type of business: (Check Applicable) Corporation; Partnership; ☐ Joint Venture; ☐ Sole Proprietorship Check mark and attach the following documents, as applicable: Business Occupational License. Miami-Dade County Local Business Tax Receipt List of Owners/Stockholders including ownership percentage (%) of each officer. Proof of paid annual fees. **Corporations:** Provide copy incorporation statement from Secretary of State. Partnerships or Joint Ventures: Provide copy of incorporation agreement from Secretary of State. Sole Proprietorship: Provide copy of "Doing Business As" (DBA) incorporation from Secretary of State. Please select one of the following qualification methods for Section 3 certification: 1) The above named business is 51% or more owned by Section 3 resident(s). Indicate name and address of each Section 3 resident(s) in 51% or more ownership position, complete Document 401, Section 3 Resident Preference Claim, attaching one form for each Section 3 resident, and evidence of status. For each Section 3 resident who does not provide proof of participation in federal assistance program, complete Document 402, Section 3 Resident Preference Claim. The above-named business' full-time (F/T), permanent workforce includes at least 30% Section 3 residents as employees. Submit the documents below with this application, for the Section 3 full-time employees. A. Employee List (Document 452) B. Section 3 Resident Preference Claim (Document 401) C. Section 3 Resident Household Income Certification (Document 402, only if proof of participation in federal assistance program is not provided). D. Payroll Report (Document 406-1, report each F/T employee who has been employed at least one

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# **SECTION 3 BUSINESS APPLICATION**

# **SECTION 3 BUSINESS EMPLOYEE LIST – Document 452**

Company Name:						
Address:						
Telephone Number:		Fax:				
Please complete information for ALL employees who claim they are partic (FA) program. Use additional pages of	ipants in a Miami-Dade	Public Housing (PH),	Section 8 (			
Employee Name	Address	Category of Work	Date of Hire	FT/PT	S3	PH, S8, or FA
FT = Full Time PT = Part time S3 = S FA = Federal Assistance Program Particip		Section 8 Resident PH =	Public Hous	ing Residen	it	
Total Number of Employees:	Signature:		D	ate:		
Print Name/Title:						

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# **SECTION 3 BUSINESS APPLICATION**

# **SECTION 3 PAYROLL REPORT\* Document 406-1**

Submit documentation for each current public housing or other Section 3 resident who is a permanent, full time firm employee for four weeks or one month, immediately preceding Invitation to Bid notice, or application date, whichever is more recent.

EMPLOYEE NAME	TIME PERIOD	SOCIAL SECURITY #	HOURLY RATE	HOURS PER WEEK	GROSS PAY PER WEEK
L	l	<u> </u>	I		<u> </u>

Company Name:	
Print Name:	
Title:	
Signature:	Date:

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<sup>\*</sup> PUBLIC HOUSING AND COMMUNITY DEVELOPMENT may request the contractor or subcontractor to produce copies of their firm's actual payroll records to substantiate any information included on this form.



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# **SECTION 3 BUSINESS APPLICATION**

### **SECTION 3 RESIDENT PREFERENCE CLAIM – Document 401**

A Section 3 resident seeking the preference in training and employment as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor or subcontractor, and submit evidence showing they meet the criteria of a Section 3 resident, (i.e. proof of receipt of public assistance or residency in a United States Department of Housing and Urban Development (USHUD) or other federally-assisted housing program, e.g., Public Housing, Section 8, Section 202, etc.)

<u>Section 3 Income Limits</u>: The information on Miami-Dade County's income limits for Low and Very-Low income families are provided with this application, as they are annually updated by HUD. The income limits are also found in PHCD's website at: <a href="http://www.miamidade.gov/housing/income-limits.asp.">http://www.miamidade.gov/housing/income-limits.asp.</a>

Section 3 Resident Certification	
1,	, am a legal resident of the U.S.A.
(Name)	
My Social Security Number is	My Race/Ethnicity is
My permanent address is	(Optional: For statistical purposes only)
(Include City, Street, Zip Code)	
I have attached one of the following docum	nents as proof of my status:
1. Proof of residency in a Public Housing,	Section 8, or any other federally assisted housing program (current lease)
☐ 2. Proof of income or of public assistance, €	e.g., Temporary Assistance to Needy Families (TANF) recipients, etc.
☐ 3. Proof of participation in a HUD YOUTHB	UILD program.
☐ 4. Proof of participation in a federally assist	ted program such as Job Training Partnership Act (JTPA), etc.
☐ 5. Proof of participation in a state or local a	ssistance program, or other program that assists low- or very-low income persons.
ONLY PROVIDE FOLLOWING IF ONE OF	F THE ABOVE IS NOT APPLICABLE:
6. Use Document 402, "Section 3 Resono other documents are attached.	sident Household Income Certification" to show employee household income, if
Print Name:	
Signature:	Date:

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# **SECTION 3 BUSINESS APPLICATION**

# SECTION 3 RESIDENT HOUSEHOLD INCOME CERTIFICATION – Document 402

Any individual who is seeking to be certified as a Section 3 resident, and who is not a public housing resident, or not in a federally assisted housing program, or not a recipient public assistance program shall attest to their total current gross annual household income, and provide the name and date of birth of each household member. All additional household income earned by household members, excluding children under 18, and/or provided through public or private assistance, child support, bank or investment earnings must be included, where indicated below.

l,		, (Ir	ndividual's Full N	lame) do solemni	y swear that the in	formation I have
provided below is to	rue.					
Number of family m	nembers who live	in my household:				
My total current gro	oss annual househ	nold income is:		·		
The source(s) of m	y total <u>annual</u> hou	sehold income is	/are:			
	Head of Household	Spouse (if applicable)	Other Adult Member age 18 & over	Other Adult Member age 18 & over	Other Adult Members age 18 & over	Other Adult Member age 18 & over
			(if applicable)	(if applicable)	(if applicable)	(if applicable)
Gross Earnings						
ΓANF						
Child Support						
ncome from nterest earned by bank account						
Other Income (list)						
1.						
2.						
3.						
	1	1	1	1	•	1

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# MIAMI-DADE COUNTY INCOME LIMITS FOR LOW AND VERY LOW INCOME PERSONS

EFFECTIVE: March 28, 2016

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Very Low Income (50% of median income)	\$24,850	\$28,400	\$31,950	\$35,500	\$38,350	\$41,200	\$44,050	\$46,900
Low-Income (80% of median income)	\$39,800	\$45,450	\$51,150	\$56,800	\$61,350	\$65,900	\$70,450	\$75,000



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